

1 EDMUND G. BROWN JR.
Attorney General of California
2 ALFREDO TERRAZAS
Senior Assistant Attorney General
3 ARTHUR D. TAGGART
Supervising Deputy Attorney General
4 State Bar No. 083047
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5339
Facsimile: (916) 327-8643
7

8 *Attorneys for Complainant*

9 **BEFORE THE**
10 **BOARD OF REGISTERED NURSING**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. **2010-467**

14 **AMANDA L. BOSARGE**
15 **16040 Three Rivers Road**
Biloxi, MS 39532

ACCUSATION

16 **Registered Nurse License No. 703168**

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her
22 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
23 of Consumer Affairs.

24 **License History**

25 2. On or about May 7, 2007, the Board of Registered Nursing issued Registered Nurse
26 License Number 703168 to Amanda L. Bosarge, also known as Amanda Bosarge, and
27 Amanda Lynn Bosarge ("Respondent"). The license was in full force and effect at all times
28 relevant to the charges brought herein and will expire on February 28, 2011, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing ("Board"), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code ("Code"), unless otherwise indicated.

4. Code section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practice Act.

5. Code section 2764, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under Code section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.

6. Code section 118, subdivision (b), provides that the suspension, expiration, surrender, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

STATUTORY PROVISIONS

7. Code section 2761 states, in pertinent part:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(4) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

COST RECOVERY

8. Code section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

1 CAUSE FOR DISCIPLINE

2 (Out-of-State Discipline)

3 9. Respondent's license is subject to disciplinary action under Code section 2761,
4 subdivision (a)(4), on the grounds of unprofessional conduct, in that Respondent's Registered
5 Nurse Licenses were disciplined by the following State Boards of Nursing:

6 Alabama State Board of Nursing ("Alabama Board")

7 a. In the action entitled, *In the Matter of Amanda Lynn Bosarge, Alabama License No.*
8 *1-110728, Case Number 2007-0206*, effective January 28, 2007, Respondent voluntarily
9 surrendered her Registered Nurse License No. 1-110728 to the Alabama Board.

10 A copy of the Voluntary Surrender is attached as Exhibit A, and is incorporated herein.

11 Mississippi Board of Nursing ("Mississippi Board")

12 b. In the action entitled, *In the Matter of Mississippi License No. R-866691, issued to*
13 *Amanda Borsarge, Respondent*, effective April 4, 2008, pursuant to an Agreed Order, Respondent
14 voluntarily surrendered her Registered Nurse License No. R-866691 to the Mississippi Board.

15 The underlying circumstances of the disciplinary action is that Respondent failed to comply
16 with the Recovering Nurse Program in that she failed to attend the required meetings and submit
17 to drug screens, and failed to submit documentation that she complied with the Board-approved
18 assessor's recommendations that she be treated for dependency on alcohol and/or habit forming
19 drugs.

20 A copy of the Agreed Order is attached as Exhibit B and is incorporated herein.

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1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Board of Registered Nursing issue a decision:


4 1. Revoking or suspending Registered Nurse License Number 703168, issued to
5 Amanda L. Bosarge, also known as Amanda Bosarge and Amanda Lynn Bosarge.

6 2. Ordering Amanda L. Bosarge, also known as Amanda Bosarge and Amanda Lynn
7 Bosarge to pay the Board the reasonable costs of the investigation and enforcement of this case,
8 pursuant to Code section 125.3; and,

9 3. Taking such other and further action as deemed necessary and proper.

10
11 DATED: _____

③/29/10



LOUISE R. BAILEY, M.Ed., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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Exhibit A



ALABAMA BOARD OF NURSING

RSA PLAZA, STE 250
770 WASHINGTON AVE
MONTGOMERY, AL 36104

N. GENELL LEE, MSN, RN, JD
EXECUTIVE OFFICER

MAILING ADDRESS:
P.O. Box 303900
MONTGOMERY, AL 36130-3900

(334) 242-4060
1-800-656-5318
FAX (334) 242-4360

WWW.ABN.STATE.AL.US

BEFORE THE ALABAMA BOARD OF NURSING

STATE OF ALABAMA)

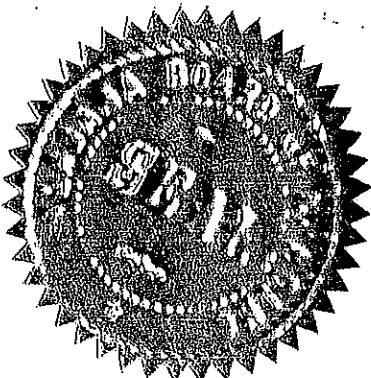
MONTGOMERY COUNTY)

I, N. GENELL LEE, RN, MSN, JD, Executive Officer of the Alabama Board of Nursing, do hereby certify that I am the legal Custodian of Records for the Alabama Board of Nursing and that the attached document in reference to **AMANDA LYNN BOSARGE** as it appears of record and on file in my office at Suite 250, RSA Plaza, 770 Washington Avenue in the City of Montgomery, County of Montgomery, State of Alabama, that the laws of the State require said records be kept and that the same are true and correct copies of said originals.

WITNESS my hand and seal of the Alabama Board of Nursing on this 6th day of May 2008.

ALABAMA BOARD OF NURSING

N. GENELL LEE, RN, MSN, JD
EXECUTIVE OFFICER



BEFORE THE ALABAMA BOARD OF NURSING

IN THE MATTER OF:

AMANDA LYNN BOSARGE

VOLUNTARY SURRENDER

ALABAMA LICENSE NO: 1-110728

CASE NUMBER: 2007-0206

The undersigned holder of licensure to practice nursing in the state of Alabama pursuant to the Alabama Board of Nursing Administrative Code, Rule 610-X-8-.15, hereby freely, knowingly and voluntarily surrenders said license to the Alabama Board of Nursing. I hereby acknowledge this surrender shall have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing nursing in the state of Alabama, unless and until such time as my license may be reinstated.

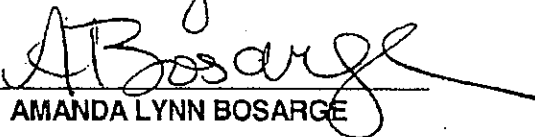
I understand I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should any request for reinstatement be entertained by the Board, the Board shall have access to the entire investigative file in this matter.

I further acknowledge the only promises or representations made to me by the Board or its representatives are that upon receipt of proper proof and evidence of my rehabilitation, the Board will give due consideration to an application for reinstatement of license at such time as is allowed by the law. I fully understand as a condition for reinstatement, I must demonstrate to the satisfaction of the board that I am capable of safely and competently resuming the practice of nursing in accordance with the laws of the state of Alabama.

This voluntary surrender shall become effective immediately upon acceptance thereof by the Alabama Board of Nursing. I understand this document will be considered to be a public record entered as the final disposition of disciplinary proceedings presently pending against me, and this action shall be considered to be and may be recorded as a final Order of the Board.

EXECUTED this the 3 day of

January, 2007


AMANDA LYNN BOSARGE

APPROVED AND ACCEPTED by the ALABAMA BOARD OF NURSING on this

the 8th day of

January, 2007

ALABAMA BOARD OF NURSING

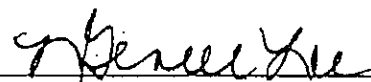

N. Genell Lee, MSN, RN, JD
Executive Officer

Exhibit B



BOARD OF NURSING

1935 Lakeland Drive, Suite B
Jackson, MS 39216-5014
Telephone: (601) 987-4188
Fax: (601) 364-2352



April 15, 2008

CERTIFIED MAIL 7006 0100 0001 3337 1871
RESTRICTED DELIVERY
RETURN RECEIPT REQUESTED

Amanda Bosarge
7063 Bell Circle
Long Beach, MS 39560

Dear Ms. Bosarge:

Enclosed is the Final Order of the Board regarding the Agreed Order the Board ratified on April 4, 2008.

Sincerely,

FOR THE MISSISSIPPI BOARD OF NURSING

Melinda E Rush, DSN, FNP
Executive Director

Enclosures: Order Approving and Accepting Agreed Order
Copy of Agreed Order

STATE OF MISSISSIPPI

BOARD OF NURSING

IN THE MATTER OF MISSISSIPPI
LICENSE NO. R-866691, issued to:

Amanda Bosarge
7063 Bell Circle
Long Beach, MS 39560

Respondent

DOB: 01/19/1975

FINAL ORDER

The attached document designated AGREED ORDER was ratified by the Mississippi Board of Nursing on April 4, 2008.

A copy of this Order shall be served upon the Respondent by Certified Mail, Return Receipt Requested.

Entered this the 15 day of April, 2008.

FOR THE MISSISSIPPI BOARD OF NURSING

By Melinda E. Rush
Melinda E Rush
Executive Director

BOARD SEAL

STATE OF MISSISSIPPI
BOARD OF NURSING

IN THE MATTER OF MISSISSIPPI
LICENSE NO. R-866691, issued to:

VOLUNTARY SURRENDER

AMANDA BOSARGE
7063 BELL CIRCLE
LONG BEACH, MS 39560
Respondent

DOB: 01/19/1975

AGREED ORDER

WHEREAS, RESPONDENT, AMANDA BOSARGE, has been vested with the right and privilege to practice nursing in the State of Mississippi by virtue of License No. R-866691, issued by the Mississippi State Board of Nursing; and

WHEREAS, RESPONDENT, AMANDA BOSARGE, has consented to enter into an AGREED ORDER without the necessity of a disciplinary hearing by said Board;

IT IS, THEREFORE, STIPULATED AS FOLLOWS:

1. That this AGREED ORDER is entered into freely, willingly, and voluntarily by all parties, and further, such AGREED ORDER is entered into in lieu of having a full administrative hearing before the Mississippi Board of Nursing.

2. That RESPONDENT freely, willingly, and voluntarily waives any and all rights to an administrative hearing whereby she could:

- (a) appear either personally or by counsel or both,
- (b) produce witnesses or evidence in her behalf,
- (c) cross-examine witnesses, and
- (d) have subpoenas issued by the Board on her behalf.

3. That RESPONDENT violated Miss. Code Ann. Section 73-15-29 (1)(f) in that she negligently or willfully violated an Order of the Board, the Recovering Nurse Program Affidavit executed on 12/19/2006 and ratified by the Board on 02/09/2007, a copy which is attached hereto as Exhibit "A." Specifically,

COUNT A: RESPONDENT was assessed by Stacey Howard, WHM Counseling, and in a letter to the Board dated 01/11/2007, Ms. Howard recommended RESPONDENT be treated at the inpatient level of care and enter treatment no less than ten days from the date of the recommendations. To date, RESPONDENT has failed to submit documentation that she has complied with the Board-approved assessor's recommendations.

COUNT B: RESPONDENT has failed and/or refused to comply with the Recovering Nurse Program Affidavit by failing to attend required meetings and submit to drug screens.

4. That this AGREED ORDER shall be subject to approval by the Board. If the Board fails to approve the AGREED ORDER, it shall have no force or effect on the parties.

5. That it is understood and agreed that the purpose of this AGREED ORDER is to avoid a hearing before the Board. In this regard, RESPONDENT authorizes the Board to review and examine any documentary evidence or information concerning RESPONDENT prior to or in conjunction with its consideration of this AGREED ORDER.

6. That should the Board not accept the AGREED ORDER, the presentation to and consideration of this AGREED ORDER and the documentary evidence by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in hearings or proceedings pertaining to these or other matters regarding RESPONDENT.

7. That upon execution of this AGREED ORDER, RESPONDENT shall immediately be deemed to have voluntarily surrendered her license/privilege to practice nursing in the State of Mississippi. That RESPONDENT'S license shall be attached to this executed VOLUNTARY SURRENDER when submitted to the Board. RESPONDENT acknowledges that this surrender of her license/privilege to practice nursing shall have the same effect as a revocation of her license/privilege to practice nursing.

8. That this VOLUNTARY SURRENDER shall remain in effect for a MINIMUM of one (1) year from the date the Board of Nursing ratifies this AGREED ORDER. However, RESPONDENT agrees to submit documentation of one (1) year of sobriety in accordance with Board approved guidelines, prior to appearing before the Board for restoration of her nursing license/privilege.

9. That after one (1) year from the date the Board ratifies this AGREED ORDER, RESPONDENT shall be eligible to petition the Board for restoration provided that RESPONDENT has met the requirements in Paragraph (8) above. At that time, the Board in its discretion may deny the request, issue a restricted license/privilege, or grant full restoration of RESPONDENT'S nursing license/privilege.

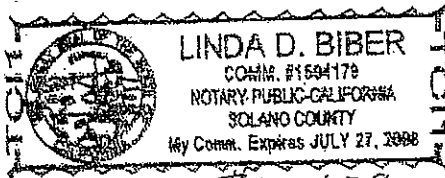
10. That RESPONDENT agrees that should she petition the Board for restoration of her nursing license/privilege, the Board shall have access to her entire Board of Nursing investigative file.

MS BOARD OF NURSING
NOTARY

11. That RESPONDENT does hereby fully, completely and finally release the Board of Nursing and its agents, servants, or employees from any and all claims, charges, demands, damages, costs; expenses, actions and causes of action of every kind and whatsoever nature which RESPONDENT may now or hereafter have which are in any manner whatsoever related to this AGREED ORDER between RESPONDENT and the Board of Nursing. The Mississippi Board of Nursing admits no liability of any kind and, in fact, specifically denies any and all liability in any way related to this AGREED ORDER.

12. That this document will be considered to be a public record and shall be considered to be and may be recorded as a FINAL ORDER of the Board. This discipline will be reported in accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996, as amended.

EXECUTED this the 28 day of February, 2008.



Amanda Bosarge
AMANDA BOSARGE

Subscribed and sworn to before me, in my presence, this the 28 day of February, 2008.
(NOTARY SEAL)

Linda D. Biber
Notary Public Exp. July 27, 2008
The UPS Store
(707) 554-2628
55 Springtowne Center
Vallejo, CA 94591
Solano County, California

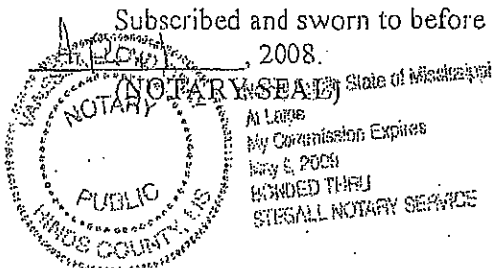
XX

APPROVED AND ACCEPTED by the MISSISSIPPI BOARD OF NURSING on this the 4 day of April, 2008.

BOARD SEAL)

MISSISSIPPI BOARD OF NURSING

By: G. Dwayne Self
G. Dwayne Self, RN, CRNA, President



Subscribed and sworn to before me, in my presence, this the 4 day of April, 2008.

Yvonne A. Hines
Notary Public

NAME: Amanda Bosarge

LICENSE NUMBER: R866691

PROGRAM PARTICIPATION AFFIDAVIT
RECOVERING NURSE PROGRAM

MRW I, Amanda Bosarge, am entering willingly, freely and voluntarily, without threats or promises, into the Mississippi Board of Nursing Recovering Nurse Program in lieu of having an administrative hearing before the Board. I waive any and all rights to an administrative hearing. AB

MRW I acknowledge that I have violated Mississippi Code Ann. Section 73-15-29 (1) (h) in that I am addicted to or dependent on alcohol or other habit forming drugs or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect, or have misappropriated any medication. I have further violated Mississippi Code Ann. Section 73-15-29 (1) (l) in that I have engaged in unprofessional conduct as identified by the Board in its rules, and more specifically Chapter II, 1.2 (m) by obtaining or attempting to obtain controlled substances by unauthorized means. I agree that restrictions be placed on my license or privilege to practice for a minimum of five (5) years while I am participating in the Recovering Nurse Program. For the duration of this Affidavit, I, Amanda Bosarge, agree to maintain a current, active license and to limit my practice as a nurse to the STATE OF MISSISSIPPI. AB

I acknowledge that my failure to adhere to any of the following restrictions may result in further disciplinary action including revocation. Non-compliance shall include:

- MRW
- (1) receipt of unfavorable/negative reports and/or documentation,
 - (2) non-receipt of reports on or before the due date,
 - (3) failure to adhere to any terms of this affidavit;
 - (4) positive drug screen,
 - (5) failure to furnish a drug screen,
 - (6) any violation of the Nursing Practice Law;
 - (7) any violation of the Rules and Regulations of the Board.
- AB

MRW Non compliance may result in immediate suspension of all employer/employee agreements. AB

MRW In the event I fail to comply with the terms of this affidavit, I acknowledge that I may be immediately placed into a compliance program for further monitoring pending direction to appear at a Board hearing; and/or directed to appear at a hearing to show cause why further disciplinary action including revocation should not be imposed. I acknowledge that I have been advised that at a hearing I have a right to: AB

- (1) appear either personally or by counsel or both,
- (2) produce witnesses or evidence in my behalf,
- (3) cross-examine witnesses, and
- (4) have subpoenas issued by the Board on my behalf.

EXHIBIT

A

MRW I acknowledge that the restrictions/stipulations in this Recovering Nurse Program Affidavit shall remain in full force and effect until I fully complete the Recovering Nurse Program and until the restrictions are completely removed from my license or privilege to practice or until any action is taken on my license or privilege to practice for non-compliance of this affidavit either by the Board at a hearing or by any other official action taken by the Board for non-compliance of this affidavit. AB

As a condition to be licensed or given the privilege to practice as a Registered Nurse in Mississippi, I, Amanda Bosarge, agree to the following restrictions on my license or privilege to practice: AB

- MRW
1. I must abstain from all mood altering, controlled, and addictive substances. The Recovering Nurse Program is a **DRUG and ALCOHOL FREE** Program. Substances which may be medically necessary due to a diagnosed condition must be reviewed by the Director of the Recovering Nurse Program. I must also consult with a physician knowledgeable in substance abuse and dependency for impact upon my successful recovery. This evaluation may result in termination from the Recovering Nurse Program. AB
 2. I must obtain and follow all recommendations made by a Board-approved assessor, up to and including entering and completing a Board-approved treatment program and aftercare program for the period specified in my aftercare contract/agreement if so recommended. I must comply with any and all recommendations made by the treatment team, up to and including further assessment and/or treatment if indicated. Said contract/agreement must be submitted to the Board upon application to the Recovering Nurse Program or within five (5) working days of discharge from treatment, whichever occurs first. AB
 3. I must obtain and comply with an Employer/Employee Contract which speaks to the administration and documentation of controlled substances. Said contract must be approved by the Board prior to my employment as a nurse or any healthcare related occupation. Employment must be limited from home visits, temporary agencies, temporary assignments (I can not be "pulled" or work "float pool"), or any unsupervised setting. I must work in the presence of an unrestricted licensed nurse. Employment will be further limited to the equivalent of no more than forty-three (43) hours per week (86 hours in a normal two-week pay period). Employment will further be limited to working no more than twelve (12) consecutive hours in a 24-hour period. For the first eighteen (18) months, except under special circumstances and conditions, I may not order or take telephone orders for controlled substances, and employment will further be limited from critical care areas where rapid change is anticipated or where patient acuity level is high (including but not limited to NICU, PICU, ICU, CCU, OR, ER, and L&D). AB
 4. Prior to enrollment in any school of nursing or any other health-related education, I must obtain a school/student agreement (1) acknowledging the school's receipt of a copy of the RNP Participation Affidavit, (2) stating a plan for direct supervision of MRW AB

clinical practice and (3) addressing a reporting mechanism by the school and clinical faculty to the Board. If I am to administer medications as a student, the administration and documentation of controlled substances must be specifically addressed in the agreement. Said agreement must be approved by the Board prior to my practicing in a clinical setting or participating in observational experiences. If I am currently enrolled in a school of nursing or health-related educational program, said agreement must be obtained within five (5) calendar days of signing this affidavit.

5. I must submit to and pay for periodic, unannounced urine, blood, saliva and/or hair screens, a minimum of one (1) per month, including calling daily regardless of holidays to determine if I have been selected for a random screen. Drug screens must examine for mood altering/drugs of abuse as specified in Board-approved Criteria for Periodic, Unannounced Drug Screens. Refusal to furnish a urine, blood and/or hair specimen on demand of my employer, the director of the Recovering Nurse Program, or the Board designee for the purpose of having a drug screen performed must be reported immediately. All screens must be done by a person and agency approved by the Board and according to the Board-approved Criteria for Periodic, Unannounced Drug Screens, including calling daily regardless of holidays to determine if I have been selected to submit a specimen. I acknowledge that positive screens, refusal to submit a specimen, and/or failure to follow required procedures in obtaining a specimen may be considered noncompliance with this contract.

6. I must submit immediate notification in writing as to change of name, employment, address, or telephone number. All documentation required by these stipulations must be received by the Board office no later than 11:59 P.M. on the tenth (10th) of the month following the reporting month. The first reports due are for the month of December, 2006. These reports must be received in the Board office on or before the 10th of January, 2007. The following reports are due on or before the tenth (10th) of every month thereafter until restrictions are removed from my license or privilege to practice:

- a. A monthly written self report of my progress in the RNP.
- b. Progress reports from my employer and/or school director in writing monthly. I acknowledge that unfavorable/negative reports regarding attendance, job or clinical performance or drug diversion or usage may be considered noncompliance with this contract.
- c. Progress reports from my counselor or contact person with the Treatment Management Team in writing monthly. Failure to comply with my aftercare contract must be reported to the Board immediately.
- d. Copies of periodic, unannounced urine, and/or blood screens, a minimum of one (1) per month, forwarded to the Board. All positive screens, regardless of number per month, must be sent to the Board upon being processed.

mw e. Copies of any and all prescriptions for medications must be sent to the Board within five (5) working days after prescribed. This includes all refills of previous and current prescriptions. AB

mw f. Verification of attendance at Twelve (12) Step support groups such as AA/NA meetings, a minimum of three (3) meeting per week, sent to the Board in writing monthly. Said verification must be on a Board-approved calendar form, which has date, location, group name, time, signature (and/or initials) and the telephone number of each person verifying attendance at the time of said meeting. Weekly Nurse Support Groups are required and are considered Twelve (12) Step support group meetings. Aftercare meetings are not Twelve (12) Step support group meetings. AB

mw 7. For the duration of my probation, I agree to furnish urine/blood/hair/saliva specimens on demand of the Director of the Recovering Nurse Program of the Mississippi Board of Nursing, Board designee, and/or my employer for the purpose of screening for the presence of any mood altering substance. Demand drug screens must be done according to Board approved Criteria for Demand Drug Screens. AB

mw 8. That I schedule personal appointments to take place at the Board of Nursing, with the Director of the Recovering Nurse Program, according to the following schedule:
 a. Monthly for the first six (6) months; the first monthly appointment to be the month I complete treatment;
 b. Every other month from the sixth (6th) month to complete the first year;
 c. Every three (3) months thereafter, using the date I sign the Program Participation Affidavit as the beginning date; and
 d. Monthly for the last six (6) months of my Program Participation Affidavit.
 e. The Director of the Recovering Nurse Program may modify the appointment schedule as necessary to monitor compliance with the Program Participation Affidavit. AB

mw 9. I agree to have an AA/NA sponsor within thirty days of signing this affidavit. I agree to have an AA/NA Home Group within thirty days of signing this affidavit. Written notification of the name of my sponsor and the name of my home group must be submitted to the board on or before January 19, 2007. AB

mw 10. I agree to have Connie Rolison as my primary physician/nurse practitioner. I understand he/she must have an unrestricted license. All medical, dental, psychiatric, surgical, etc., procedures must be through him/her or his/her referral or consultation. A Medication Report from any and all healthcare providers who prescribe any and all medications for me must be received in the Board Office within five (5) working days of the date of being prescribed. AB

MRW

I fully accept the terms of the Recovering Nurse Program Participation Affidavit as stated and acknowledge that continued participation is contingent upon compliance with said contract.

AB

MRW

I have been informed that this contract related to my participation in the Recovering Nurse Program is of public record. I have further been informed that my participation in the Recovering Nurse Program constitutes a disciplinary action and will remain a part of my permanent licensure record.

AB

MRW

I agree and understand that the Board of Nursing, at its discretion, may release any and all information that resulted in my entering the Recovering Nurse Program or obtained as a result of my participation in the Recovering Nurse Program.

AB

MRW

I hereby fully, completely and finally release the Board of Nursing and its agents, servants or employees from any and all claims, charges, demands, damages, costs, expenses, actions and causes of action of every kind and whatsoever nature which I may now or hereafter have which are in any manner whatsoever related to this affidavit between the Participant and the Board of Nursing. The Mississippi Board of Nursing admits no liability in any way related to this affidavit.

AB

Signature of Participant

AB Borge

Date 12/19/06

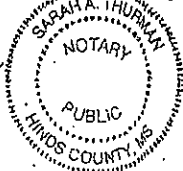
STATE OF MISSISSIPPI
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, Amanda L. Borge, WHO BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS 19 DAY OF December, 2006.

Sarah C. Thurman
NOTARY PUBLIC

SEAL



MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 7, 2007
BONDED THRU STEGALL NOTARY SERVICE

Program Participant Affidavit

6

Marianne R Wynn
Signature of Director of Recovering
Nurse Program or RNP Monitoring
Counselor

12/19/2006
Date

STATE OF MISSISSIPPI
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE
COUNTY AND STATE AFORESAID, Marianne R Wynn, WHO
BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING
AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER
AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS
19 DAY OF December

Sarah Thomas Love
NOTARY PUBLIC

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 7, 2007
BONDED THRU STEGALL NOTARY SERVICE

SEAL

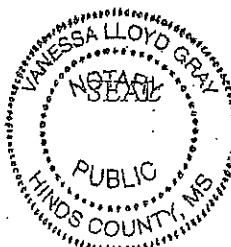
Signature of MBN President Tina Mobry Date 2-9-07

STATE OF MISSISSIPPI
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE
COUNTY AND STATE AFORESAID, Tina Mobry, WHO
BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING
AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER
AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS
9th DAY OF February, 2007.

Vanessa A. Gray
NOTARY PUBLIC



Notary Public State of Mississippi
At Large
My Commission Expires
May 8, 2008
BONDED THRU
STEGALL NOTARY SERVICE